



REQUEST FOR BANNER SSN ACCESS

NAME: _____

EMAIL _____@samford.edu

TITLE: _____

PHONE NO: _____

DEPARTMENT: _____

SUId: _____

PLEASE EXPLAIN THE REASON FOR SSN ACCESS:

- _____ Generate New Banner Records
- _____ Work in Financial Aid
- _____ Work in Human Resources or Payroll
- _____ Other (Explain Below)

Other:

This Request for Banner SSN Access agreement is an addendum to the CONFIDENTIALITY-SECURITY AGREEMENT I signed earlier, and any data made available to me as requested and authorized below will be used according to the terms and conditions of that agreement. I understand that Data Steward authorization will be required before access is given.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

VICE PRESIDENT/DEAN SIGNATURE: _____ DATE: _____

All signatures are required. Incomplete information will cause the form to be returned.

*Please forward completed form to Debi Whitcomb, Brooks Hall, Room 306,
email to drwhitco@samford.edu or fax to x2524*

For Technology Services Only:

SSN Security Updated: _____ DATE: _____